



## **For Immediate Release**

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## **A Predictable Fiasco: CCIT-NYC Coalition Strongly Criticizes B-HEARD's First Year Performance**

(New York) – [Correct Crisis Intervention Today - New York City](#) (CCIT-NYC) issued the following statement in response to the City's release of twelve months of [data on the B-HEARD pilot](#), which purports to “transform NYC's Response to Mental Health Emergencies”:

“Artfully obscured in the City's new release of data on 12 months of the B-HEARD pilot is an abysmal number that points to the pilot's failure: **B-HEARD teams only responded to 15.7% of mental health calls in the pilot area during operating hours.** Also evident from the data is that the pilot's performance worsened as the year progressed and the program scaled. It is no wonder, then, that the City released this data without any public announcement and without isolating the fourth quarter's numbers for all to see.

Over the course of the year, B-HEARD teams:

- responded to a smaller percentage of mental health calls;
- increasingly lagged in their response times; and
- transported a greater percentage of individuals to hospitals, instead of engaging them in community-based care.

Specifically, **911 routed fewer than 25% of mental health calls in the pilot area to B-HEARD throughout the 12-month period**, and only 69% of those were actually responded to by B-HEARD teams in the second half of the year, down from 82% at the pilot's start. B-HEARD then referred nearly 60% of people to hospitals in the second half of the year, a marked increase from 46% during the first six months. In addition, B-HEARD's average response time increased from 13 minutes and 41 seconds, to 14 minutes and 12 seconds, to over 18 minutes by year's end.

Since the pilot was first announced and throughout its duration, our coalition urged the City to implement our mental health crisis response recommendations, which are evidence-based and increasingly heralded throughout the country as best practices.



Mental health emergency response teams *must* consist of trained Peers with lived mental health experience, as they are best equipped to de-escalate crises, compassionately engage individuals in need, and connect individuals to appropriate community services. To address 911’s inability to properly direct mental health calls, we envision that response teams will be dispatched through 988 once the Federal Government fixes the geo-location problem. Such teams must also be available 24/7 and sufficient in number so as to be able to respond to every eligible call in at least as little time as city agencies respond to other crises. Anything less is inefficient, unjust, [and dangerous.](#)”

**ABOUT CORRECT CRISIS INTERVENTION TODAY - NEW YORK CITY (CCIT-NYC):** [CCIT-NYC](#) is a coalition of [more than 80 mental health advocacy and other community organizations](#), consisting of hundreds of community stakeholders, working to transform how New York City responds to mental health crises. CCIT-NYC has proposed a mental health crisis response system that replaces police with teams of trained peer specialists and independent emergency medical technicians, based on input from two 100-plus-member community focus groups and a review of relevant research. For more information about CCIT-NYC and its proposal, visit <http://www.ccitnyc.org/who-we-are/our-proposal>.

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